

**CALIFORNIA DEPARTMENT OF FOOD AND AGRICULTURE**

INSPECTION AND COMPLIANCE BRANCH – STANDARDIZATION

1220 N Street

Sacramento, CA 95814

Phone (916) 445-2180 Ext. 3492

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Form #(Est.07/03)

**RENEWAL REQUEST FOR EXPERIMENTAL PERMIT****Permit number requested to be renewed:****Commodity:**

Name of Applicant

Address

City

State

Zip

Phone

Fax

Is this the address where the permit will be used and or shipment records will be kept? YES\_\_\_ NO\_\_\_

If NO, Explain: \_\_\_\_\_

Number of containers shipped under previous Permit:

**Shipment dates permit was used**

Date of FIRST shipment:

through LAST shipment date:

Has any information changed regarding container manufacturer/supplier: YES\_\_\_ NO\_\_\_

If YES, explain: \_\_\_\_\_

**Please fax or attached a copy of the permit with request for renewal**

Signature of applicant:

Date: